U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 140 94	2. Fiscal Year Covered From:	
	[/ 1 / 04 Through: 12/3//04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Michael A ANSELLILLI	Name Cement MASon's Local #592	
	Labor Organization File Number 0000	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 1229 Pand ST	Street 2511 Sniplen Ave	
City BRISTOL	City Philadelphia	
State PENNSYLVANIA ZIP Code +4 19007	State Pemsylvania ZIP Code + 4 1915	
5. Position in labor organization.		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	on represents or is actively seeking to represent.	
monetary value from an employer whose employees your organization	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (Including trade name, if any).		
Name (
Trade Name, if any:		
P.O. Box, Bklg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4	The state of the s	
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information of the law accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true cornect, and complete. (See the section on penalties in the instructions.)		
Signed Walley	on Avous 12205 DIE-468-0235	
· \ ()	Date Telephone Number	

Name of Person Clinia	Like infullibel O-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name LOOD ABBETT INROMENTS	-		
Trade Name, if any:	a, Labor Organization		
P.O. Box, Bidg., Room No., if any	b. Trust		
Street	c. Employer		
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a, Nature of such dealing.		
Name Cement MASon's TRUST Funds			
Trade Name, If any: Comont MASAS	Providen of Investment		
· · · · · · · · · · · · · · · · · · ·	MANAgener Services to union		
P.O. Box, Bidg., Room No., if any Street 2313 St. 22^755	Reliated Trust Funds		
city PhiladelpiA	11.b. Approximate dollar value of such dealing. \$108 637		
State PA 19145	12.a. Nature of interest held or income received.		
	10/14/04 Business Dinner		
	130.00		
	12.b. Amount. 130.00		
C. Received from any employer (other than an employer covered und			
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			
Name i			
Trade Name, If any:			
P.O. Box, Bidg., Room No., if any			
Street			
City :			
State ZIP Code + 4			
13.b. is the Business an Employer or Consultant 7	14.b. Amount of payment.		
traced traced	The Committee of the Co		

Name of Person Filing		File Number U-
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business ctively seeking to represent, or indirectly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Chartuell Investments		
Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	b. Trust	
Street Total Control of the Control	c. Employer	
State ZIP Code + 4:	-	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ng.
Namo Cener MASON'S TRANSPORTER	Provides inte	stment MANAgement Serevices
Trade Name, If any: (en-ext 7xx5ax5	TO UNION Rela	ted Trust Funds
P.O. Box, Bldg., Room No., If any		
Street 0013 \$ 0010 55	11.b. Approximate dollar value	of such dealing. TUS Q 16,00
City Philadelphia		
State PP ZIP Code + 4. M(45	4/22/04 BUSING	255 Annon #153.54
State PP ZIP Code + 4. M(4)5	11 Offor Bus	iness Danes 189-69
	litt that	
	12.b. Amount.	\$ 343.03
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.	
Name	week.	
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		:
City .	: :	: \
State ZIP Code + 4		
13.b. ts the Business an Employer or Consultant ?	14.b. Amount of payment.	
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Name of Person Filing	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name	: a, Labor Organization			
Trade Name, if any:	b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street				
City State ZIP Code + 4:				
State ZIP Code + 4:				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name :				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	The state specialist control is a second control of the state of the s			
Street	11.b. Approximate dollar value of such dealing.			
City	12.a. Nature of interest held or income received.			
State .				
	*			
·	12.b. Amount.			
C. Received from any employer (other than an employer covered unde	or parts A and B above)			
or from any labor relations consultant to an employer any payment of money				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment.			
Name Cement MASIS Appliential TRUST FUEL	When of Concrete is			
Trade Name, If any: Clement MASONS LOCAL #598	WORLD OF Concretely Expo 967.31			
P.O. Box, Bldg., Room No., if any	2/16/04/ to 2/20/04			
Street 743 5 22 57	0116/04/ to 2/20/04			
City Philladephia				
State PA ZIP Code +4 19145				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			
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Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business tively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
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Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name ¿	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State .	
·	12,b. Amount
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name Cement MASONS Applicative Trust Foods	
Trade Name, If any: Clevent MUSONS LOCALS 173	Penksion Dinner 12/20/04
P.O. Box, Bldg., Room No., If any	
Street 2213 50.44 22 47 50	134.11
CHY Philaduphia PA	
State PA ZIP Code + 4 19145	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment,